

http://www.business.mo.gov/

BUSINESS REGISTRATION CHECKLIST

As you prepare to register your business, please use this checklist to ensure that you have the information needed to successfully complete your registration. The links provided at the end of each section will take you to web sites that can provide a more detailed explanation of the information required.

Owne	ership			
	Ownership type			
	 Sole owner, Partnership, Limited Partnership, Limited Liability Partnership, Limited Liability Limited Partnership, Government, Trust,			
	Association, and other Not-for-Profit.			
	 Number of shares and their value 			
	If already registered with the Secretary of State, will need registration or charter number and date of registration or charter Purpose/Nature of the business for each location (if applicable)			
☐ If non-Missouri corporation, need charter number and registration/chart				
	☐ If exempt from registering with the Missouri Secretary of State, need to state			
	Non-profit – public or mutual benefit or 501(c) (3)			
u	If LLC, need:			
	o Management by manager or members			
	o How the LLC is taxed: Partnership, Disregarded, Corporation			
ч	If LP, need:			
	 General Partner and Limited Partner information If LLP need: 			
	o Partners information			
Name	e Check			
	Before drafting articles of organization, it is imperative that you check the availability of the desired name with the Secretary of State's office.			
Regis	stered agent			
	Name and address			
Owne	er's Information			
	Name			
	Mailing address, including county, telephone Social Security Number (SSN) and birth date Federal Employer Identification Number (FEIN)			
_	reactal Employer Identification Number (PEIN)			

For more information, refer to the Secretary of State's **Starting a Business** page.

Federal	Employer Identification Number			
	If required to register your business with the Internal Revenue Service (IRS), you will need to have the Federal Employer Identification Number (FEIN) for your business. The IRS requires most businesses that employ workers, including all corporations, to have a FEIN.			
For more information, refer to the Internal Revenue page on Employer ID Numbers .				
Officers	, Partners, Members or Spouse (of sole owner) information			
	Name			
	Title Effective date of title			
	SSN or FEIN (if partner or member is a corporation)			
	Birth date			
	Home address			
	City, state, county, zip Percent of ownership			
	Duration of business			
_	 The events, if any, on which the business is to dissolve or the number of years the business is to continue. May be any number or perpetual. The answer to this question could cause possible tax consequences. You may wish to consult with your attorney or accountant. 			
Business Address				
	Physical location address of business and county and districts			
	Nature of Business			
u	Trade Name of Business (if any)			
If applying for sales/use tax (Your application can be processed, but a sales/use tax bond is required before a license can be issued.)				
_ _ _	Physical address and mailing address of business Inside or outside city limits County Districts Estimated monthly sales Type of sales – food, liquor, tobacco, school textbooks or supplies			
If registering for withholding				
	Estimated monthly wages FEIN (unless you are a domestic employer who is hiring a household employee)			
	nformation, refer to the Department of Revenue Business Tax <u>Frequently</u> estions page.			

If regi	ste	ering for unemployment tax and have already paid wages
		First date worker hired
		Amount of wages paid quarterly and/or to-date
		Average number of workers
		Number of weeks per calendar year workers have been employed to date
If pure	cha	ased business from a previous owner
		Previous owner's name
		Previous business name, address, Missouri tax id number and FEIN
		Percentage of previous business purchased
		 List of locations of new owner
		 List of locations of previous owner
		Common ownership/management/control information
		o Is there a family relationship between the new and previous owners?
		Explain.
		 How many employees of the previous operator work for the new
		owner/entity?
		Purchase price and what was purchased
		 Inventory
		o Fixtures
		o Equipment
		o Real estate
		o Other
		er entity is providing employees to you or you are providing es to another entity
		Entity's name, mailing address, contact telephone number Date agreement began
		Date agreement ceased
		Number of workers that are not covered under the agreement
		information, refer to the Department of Labor and Industrial Relations
Unemp	oloy	<u>ment Insurance Tax</u> page.